



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
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REPLY TO THE
ATTENTION OF

MCHO-CL-C

OTSG/MEDCOM Policy Memo 12-005

Expires 30 January 2014

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MEMORANDUM FOR COMMANDERS, MEDCOM REGIONAL MEDICAL
COMMANDS

SUBJECT: Overarching Guidance on the Use of Animals in the Healthcare Setting
(Service Animals, Animal Assisted Therapies, and Animal Assisted Activities)

1. References:

- a. Americans with Disabilities Act of 1990, 42 USCS §§ 12101 et seq.
- b. Army Regulation (AR) 40-905, Veterinary Services, Aug 06.
- c. AR 700-81, Department of Defense (DoD) Military Working Dog Program.
1 Dec 90.
- d. Field Manual 4-02.51, Combat and Operational Stress Control, 6 Jul 06.
- e. TB Med 4, DoD Human-Animal Bond Principles and Guidelines, 16 Jun 03.
(provides examples for the use of animals in the healthcare environment.
- f. OTSG/MEDCOM Policy Memorandum 11-030, MCCS, 11 Apr 11, subject:
Animal Assisted Therapy/Animal Assisted Activity Dog Utilization in Combat and
Operational Stress Control.
- g. Memorandum, Installation Management Command (IMCOM), DAIM-ZA, 14 Oct
09, subject: "Unaccompanied Personnel Housing for Warriors in Transition."
- h. Memorandum of Understanding between the Department of Justice and the
Department of Defense, 20 Nov 90, subject: Status of Certain American Red Cross
Volunteers.

2. Purpose: To establish policy guidance and procedures for the use of animals
(canines, equines, and other species) as adjuncts in healthcare, rehabilitation, and
service to Wounded Warriors and other beneficiaries.

3. Applicability: This policy is applicable to all medical treatment facilities (MTF) using
animals in the healthcare setting (Service Dog programs, Animal Assisted Therapies
(AAT) and Animal Assisted Activities (AAA). Moreover, this policy is *applicable to*

*This policy supersedes OTSG/MEDCOM Policy Memorandum 10-077, 9 Nov 12, subject: Use of Canines and Other
Service Animals In Army Medicine.*

**SUBJECT: Overarching Guidance on the Use of Animals in the Healthcare Setting
(Service Animals, Animal Assisted Therapies, and Animal Assisted Activities)**

recovering service members, Warriors in Transition, eligible service members with disabilities, and all other applicable beneficiaries treated within Army MTFs, regardless of component or duty status.

4. Proponent: The proponent for this policy is the Chief, Clinical Services Division, Office of the Assistant Chief of Staff for Health Policy and Services.

5. Mission: To provide minimum requirements and standards for use of animals (Service Dogs, AAT, and AAA animals) in healthcare settings and Warrior Transition Units (WTUs) within the US Army Medical Command (MEDCOM).

6. Commander's Intent: To define the acceptable use of animals in therapeutic settings as adjuncts to other traditional modes of treatment. Policies and procedures will be established locally that are commensurate with this memorandum.

7. Definitions:

a. Service Animals/Service Dogs - As defined by 42 USCS §§ 12101 et seq., a service animal is "any dog (the Americans with Disabilities Act [ADA] specifically defines service "animals" as "dogs") that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability." Example: Use of "seeing-eye dogs" by the visually-handicapped.

(1) It is specifically noted in the ADA definition that "the provision of emotional support, well-being, comfort, or companionship does not constitute work or tasks for the purposes of this definition." Moreover, it is specifically noted that "other species of animals, whether wild or domestic, trained or untrained, are not service animals."

(2) While the federal government and the Army are not generally bound by the provisions of the ADA, it is the commander's intent that MEDCOM facilities abide by these provisions to as great a degree as is practicable and when such adherence does not hamper readiness.

(3) Operationally, conferring upon a dog the label of "Service Animal" or "Service Dog" has significant implications:

(a) It invokes the protections of the ADA, as well as the rights of access to public buildings and programs conferred by federal statute. Within the MEDCOM, it is the commander's intent that such access include (but not be limited to) hospitals, treatment facilities, recreational facilities, barracks, and other structures.

(b) It implies that the individual (service member or beneficiary) maintains possession of the dog, which has been "individually (specifically) trained" to assist with

**SUBJECT: Overarching Guidance on the Use of Animals in the Healthcare Setting
(Service Animals, Animal Assisted Therapies, and Animal Assisted Activities)**

the needs of that particular individual. Therapy animals and activity animals remain within the possession of therapists, providers, and third-party owners; animals that do not meet the definition of a "Service Animal" yet remain in the possession of an individual service member or beneficiary are defined as "Companion Animals" or "Pets" for purposes of this policy.

(c) Individuals requiring a Service Dog generally are expected to require such dog for an extended period of time (typically for life). Such a requirement renders a service member non-deployable.

b. Service-Dogs-in-Training - Dogs undergoing a period of training designed to lead to their ultimate employment as Service Animals.

c. Therapy Animals (i.e., those utilized in AAT) - Animals (here, animals are defined more broadly and may include equines and other species) used in goal-directed interventions wherein the animal is an integral part of a treatment process designed to improve physical, social, emotional, and cognitive function. The interventional goals are designed, documented, and tracked by a human healthcare professional and are tailored to each patient's individual needs. Upon completion of a "therapy session", the animal is retained under the control and possession of MTF staff or volunteers rather than the patient. Example: The utilization of equine therapy ('horseback riding') by a Physical or Occupational Therapist as an aid to improving balance.

d. Activity Animals (i.e., those utilized in AAA) - Animals (animals are defined more broadly and may include equines, camelids, and other species) used in interactions designed to enhance quality of life. The AAA interventions are not tailored to individual patient needs or medical conditions. Example: Use of a puppy by a Child Life Specialist or Red Cross Volunteer to brighten the lives of children on a Pediatric Oncology ward.

e. Recreational Animals - Animals not owned by an individual and used solely for recreational purposes. Example: Horses utilized at a riding stable.

f. Companion Animals, Emotional Support Animals, Pets - Any animal owned by individual Soldiers or beneficiaries not meeting the definition of a service animal. These terms are synonymous for the purposes of this memorandum.

g. Military Working Dogs - Any government-owned dog that was procured, acquired or bred to meet working dog requirements of the military departments and DoD agencies (AR 700-81).

h. Mascots - Animals maintained by specific CONUS or OCONUS-based non-deployed Army units for the purpose of advancing esprit de corps. AR 40-905 specifies that mascots must be on orders (signed by an officer in the rank of LTC or higher) and

**SUBJECT: Overarching Guidance on the Use of Animals in the Healthcare Setting
(Service Animals, Animal Assisted Therapies, and Animal Assisted Activities)**

will receive full medical care as government-owned animals. It should be noted that within the US Central Command area of responsibility General Order 1B prohibits "adopting as pets or mascots, caring for, or feeding any type of domestic or wild animal."

i. Hippotherapy - Therapy which utilizes horses to assist with physical, occupational, or speech therapy as part of an integrated treatment program supervised by a clinical specialist.

8. Responsibilities:

a. Regional Medical Commands (RMCs) shall:

(1) Establish and monitor policies and procedures at MTFs within their control in order to ensure that appropriate safeguards regarding the use of animals are in place. Such safeguards should be designed to ensure patient safety, as well as the health and welfare of the animals.

(2) Establish policies designed to provide guidance to MTF Commanders dealing with unsolicited offers of animals or animal-related services.

(3) Monitor and track service animal employment, as well as animal-assisted therapies and activities within their region, in order to ensure compliance with TB MED 4, AR 40-905, and other relevant regulations, policies, and guidance.

(4) Collect outcome measures. As many components of AAT and AAA are novel, the Army is interested in acquiring outcome measurement data in order to gauge the effectiveness of animals on patients' quality of life and therapeutic success. RMCs utilizing Service, AAT, or AAA animals will thus conduct annual reviews of this utilization, measuring healthcare and general welfare outcomes. Reporting metrics shall include:

(a) Concerns about the effectiveness of this policy.

(b) Summary of demand for Service, AAT, and AAA animals.

(c) Summary of complaints regarding animal behavior.

(d) Identification of disposition of service members following prescription of a service dog (discharged from or retained on active duty).

b. MTFs shall:

(1) Develop plans and policies to facilitate access for service members with Service Dogs.

**SUBJECT: Overarching Guidance on the Use of Animals in the Healthcare Setting
(Service Animals, Animal Assisted Therapies, and Animal Assisted Activities)**

(2) Develop plans, policies, and guidance for the use of AAT and AAA programs within the MTF. These should, at a minimum:

(a) Appoint responsible program oversight for program and for requirement and responsibilities of staff liaisons and volunteers.

(b) Mandate validation of certification of animal handlers and animals, as applicable.

(c) Address the specific accreditation/certifications which will be required from National Organizations, if applicable.

(d) Address veterinary exams and certification, as well as guidance on reasonable precautions to ensure that an animal's behavior and health are appropriate.

(e) Establish the responsibilities of animal handlers such as providing for the animals' cleanliness, immunizations, restraint, waste removal, liability insurance, identification (handler and dog), training, release of liability, and any other requirements to assure the safety of patients, staff and animals.

(f) Coordinate with the Warrior Transition Command (WTC) and WTUs with respect to Wounded Warriors roles and responsibilities while receiving animal-assisted therapies. Ensure WTU involvement in AAT programs is in keeping with guidance outlined in TB Med 4.

(g) Establish policies and procedures for sanctioned animal-associated activities external to the MTF such as hippotherapy or leisure riding.

(h) Establish procedures for the use and visitation of Service-Dogs-in-training.

(3) Conduct annual reviews of AAA and AAT utilization, measuring healthcare and general welfare outcomes as outlined in paragraph 8.

c. US Army Public Health Command (PHC) shall:

(1) Provide authorized veterinary care for privately-owned service dogs in accordance with (IAW) AR 40-905, Veterinary Services and for AAT and AAA animals in approved programs on a space-available basis IAW AR 40-905, Veterinary Services, and TB Med 4, DoD Human-Animal Bond Principles and Guidelines.

(2) Establish medical standards of care for Service Dogs.

**SUBJECT: Overarching Guidance on the Use of Animals in the Healthcare Setting
(Service Animals, Animal Assisted Therapies, and Animal Assisted Activities)**

(3) Establish and assess temperament, health, and welfare standards for animals involved in AAT and AAA, as detailed in TB Med 4, DoD Human-Animal Bond Principles and Guidelines. In general, PHC incurs no additional responsibility for the care of AAT or AAA animals. Certain exceptions exist:

(a) Use of 3rd Infantry Regiment "Caisson Platoon" equines in therapeutic riding and other Hippotherapy programs.

(b) Use of 1st Cavalry Division "Horse Platoon" equines in therapeutic riding and other Hippotherapy programs.

9. Eligibility and Suitability:

a. Active Duty service members (including activated reserve component service members) being considered for a service animal must have a Permanent 3 profile in one or more of the PULHES categories.

b. Active Duty service members must have command approval in order to obtain a Service Dog.

c. Further suitability of an eligible beneficiary for a Service Dog will be determined by a multi-disciplinary team (MDT) led by the beneficiary's primary care manager (PCM). This team would ideally include other healthcare professionals such as (but not limited to) behavioral health providers, physical therapists, occupational therapists, Physical Evaluation Board liaison officers, Veterans Affairs Military Services coordinators, veterinarians, and WTU staff.

d. The MDT will determine such suitability by first considering whether a Service Dog would likely mitigate a specific disability.

e. Once a determination is made that a Service Dog would likely benefit an individual, the beneficiary will be referred to an accredited service animal provider (as specified in 12[b]) in order to determine his or her fitness for service animal ownership.

f. The results of this fitness assessment are then provided to the MDT.

g. The PCM may then prescribe the Service Dog for the service member.

10. Acquisition of a Service Dog:

a. Eligible service members must receive requisite orientation and training from approved providing/procurement organizations prior to taking possession of a Service Dog.

**SUBJECT: Overarching Guidance on the Use of Animals in the Healthcare Setting
(Service Animals, Animal Assisted Therapies, and Animal Assisted Activities)**

b. Service members acquiring a Service Dog must provide a Service Dog care plan to his/her commander and must maintain and update such plan annually.

c. Service members must ensure that proper identification is clearly displayed on his/her Service Dog when said dog is in service or performing tasks.

11. Authority for the recommendation (prescription) of Service Dogs:

a. The authority for recommending Service Dogs rests with a beneficiary's PCM in consultation with other members of a MDT, as outlined in (9) above.

b. Recommendation/prescription is no guarantee of animal acquisition.

12. Procurement of animals:

a. MEDCOM will not be responsible for the procurement of Service Dogs.

b. Accredited private service animal organizations will be permitted to provide Service Dogs on a voluntary basis. Accredited private service animal organizations are those approved by:

(1) The International Guide Dog Federation, in the case of guide dogs for the blind.

(2) Assistance Dogs International, in the case of other service, assistance, or alert dogs.

c. It should be noted that while accreditation standards for organizations providing therapy animals are under consideration, no such national standards yet exist. Costs associated with AAT and AAA animal procurement, registration, and ongoing care and welfare shall be borne by the animal provider or handler, unless said handler is acting within the scope of a MEDCOM-owned program (such as an MTF Occupational Therapy program) and the animal is a MEDCOM-owned animal.

13. Training of animals:

a. Training as Therapy. It is recognized that injured service members and beneficiaries may realize therapeutic benefit from the human-animal bond formed in the training of animals to provide service to others. MEDCOM supports such endeavors when:

(1) They are part of an approved treatment plan supervised by a licensed provider.

(2) They conform to all standards of the relevant governing bodies overseeing the use for which the animal is being trained.

b. Training one's own animal to provide self service. MEDCOM requires that Service Dogs be trained by relevant licensed entities. MEDCOM does not authorize, nor will it reimburse any service member or beneficiary for the costs incurred in training his/her own animal.

c. Training Standards. Training standards for Service Dogs are established by Assistance Dogs International, as noted in paragraph 12(b).

d. MTF Commanders are encouraged to develop standards for AAT animals. At a minimum, dogs employed in such programs should consistently obey the following five commands: "Come", "Down", "Sit", "Stay", and "Leave it."

e. While PHC will set health and welfare standards for AAA animals, as outlined in 8(c) above, no training standards are applicable for such animals.

14. Licensing and certification of animals and programs:

a. PHC shall maintain certification and temperament standards for dogs utilized in AAT/AAA programs.

b. Equine therapy programs will be certified by the American Hippotherapy Association or the Professional Association of Therapeutic Horsemanship or, alternatively, will be appropriately assessed by the command for value, quality, and safety.

15. Licensing and certification of AAT and AAA providers:

a. All animals utilized in AAT or AAA must have a primary handler, trained and certified by the same organization certifying the animal.

b. Such primary handlers, as well as all other AAT and AAA providers shall abide by all policies and guidelines set forth by installation and MTF commanders.

16. Liability for injuries caused by Service, AAT, and AAA animals: Providers of animals utilized in AAT and AAA shall carry their own liability insurance coverage. Under certain circumstances, set forth in a "Memorandum of Understanding between the Department of Justice and the DoD: Status of Certain American Red Cross Volunteers", Red Cross Volunteers may be exempt from liability for claims arising from their use of AAA animals in military MTFs and other facilities.

17. TRICARE reimbursement for the procurement, training, and care of Service, AAT, and AAA animals: At this time, service animals are excluded from coverage in accordance with current TRICARE policy.

18. Animals in the MTF:

a. It is the sole responsibility of the owner/handler to provide care (including veterinary care) and stewardship of the Service Dogs, to include feeding, watering, exercising, toileting, and waste removal.

b. Service Dogs will, at all times while in an MTF, wear a special vest or harness identifying them as a service animal.

c. Owner/handlers must maintain proof of certification for their animal, as well as documentation of immunization. MTF personnel maintain the right to request such documentation from owner/handlers as a condition of their entry into healthcare facilities.

d. Service Dogs will remain on leash and under the direct control of the owner/handler at all times with the exception that another person may be designated to care for a Service Dog when the owner/handler must enter a portion of the MTF where the health of other patients might be compromised by the animal's presence or where service animals are otherwise unauthorized.

e. In order for a person accompanied by a Service Dogs to visit a patient within an MTF, the ward staff, patient, and any roommate(s), if applicable, must all grant permission for the animal to enter the patient's room. Should any roommate object, alternative visiting arrangements will be made.

f. Animals engaging in AAT or AAA will be brought into an MTF only as part of a program approved by local commanders. Commanders retain the right to refuse or limit any such programs.

19. Warriors in Transition:

a. While Warriors are residing at US Army MTFs or in WTUs, they are in a critical phase of rehabilitation. Service Dogs will not be issued to Warriors until they have achieved sufficient level of independence to reside off post in private housing. On a case by case basis, a Warrior's MDT may approve the Warrior to begin training with a service dog while residing at a Warrior Transition Battalion (WTB)/WTU in coordination with the WTB Command and the non-governmental organization providing the training.

b. Service Dogs and Service-Dogs-in-training are not permitted to reside with Warriors in Transition assigned to the MTF/WTU.

MCHO-CL-C

SUBJECT: Overarching Guidance on the Use of Animals in the Healthcare Setting
(Service Animals, Animal Assisted Therapies, and Animal Assisted Activities)

c. Service-Dogs-in-Training may be granted access to barracks facilities associated with MTFs on a case-by-case basis in order to facilitate goal-oriented therapy for Warriors anticipating discharge.

20. Use of animals in a deployment setting:

a. Individuals requiring a Service Dog are non-deployable, and Service Dogs are not authorized in a Theater of operations.

b. Under certain limited circumstances, an animal may be used for AAT in a deployed setting, as in the case of Combat Operational Stress Control (COSC) units. COSC units, however, are US Army Forces Command entities and thus generally fall outside the auspices of this memorandum.

FOR THE COMMANDER:


HERBERT A. COLEY
Chief of Staff